

Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

4/30/2015

Kathy Hornett
601 Emmons St
Hiawatha IA 52233

Dear Kathy,

This letter is in regards to the compliance check of your Level B, Registered Child Development Home completed on 4/3/15. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

☐ 110.4 No more children are in care than the rules for the specific category will allow.
As a Level B provider you are limited to no more than 12 children in care at a time. You had 17 children in your care upon my visit.

☐ 110.5(1) Conditions in the home are safe, sanitary, and free of hazards.
Issues are: There was clutter on the steps, (shoes sitting in the walkway) they need to stay clear so there's not a trip hazard. There is not much room in the playroom for the children to play because there were large baby toys and play pens.

The Newborn Rock 'n Play(tm) Sleeper by Fisher Price has been recalled because of mold developing on the product. The fix is to clean it regularly but children can not sleep in it during child care hours because they are not flat on their back without a doctor's note.

You had developed an illness policy but agreed that you were not following it. You stated you allowed a child to come to your home who had been sent home from school ill until the parents picked the child up at the end of the day. You need to follow your illness policy and not allow children in your home who are ill, thus exposing all of the other children in the home.

☐ 110.5(1)a Numbers for each child's parent, physician, and a responsible person are accessible by the phone.
Need numbers posted in your home, also now need numbers for your vehicle if you travel off grounds.

☐ 110.5(1)b All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.
You had medications, poisonous, toxic or otherwise unsafe materials within access of children. (a bottle of bleach was sitting on the upstairs bathroom floor). These need to be in a location with secured access from children. Best practice is all medications and poisonous, toxic or otherwise unsafe materials be locked away from children.

☐ 110.5(1)c First-Aid supplies are available and easily accessible in the home, outdoor play area, any vehicle used to transport children, and on field trips. You said you had one upstairs but it took a long time for you to find it. You

need to develop a first aid kit and know where it is at. It should really be stored in the lower level since that is where the care is provided. **You need one for your vehicle when you transport children also.**

☐ 110.5(1)c The first-aid kit is sufficient to address first aid related to minor injury or trauma and stored in an area not accessible to children. **The guidebook on page 50 addresses the items that should be in your first aid kits.**

☐ 110.5(1)n Each smoke detector has been installed according to manufacturer's recommendations. **The smoke detector in the playroom was not functioning and needed a battery in it.**

☐ 110.5(1)p Children under the age of one year are placed on their backs for sleeping unless otherwise authorized in writing by a physician.

Item "p" addresses the need to place a child under the age of 1 on their back when you lay them down to nap. If they roll over you do not have to reposition them but they must start on their back. This also means if they fall asleep in a swing or car seat they should be removed and placed on their back for their sleep time. They also should not have items in the bed with them. The only way you can not start a child on their back sleeping is if there is a doctor order.

The Newborn Rock 'n Play(tm) Sleeper by Fisher Price has been recalled because of mold developing on the product. The fix is to clean it regularly, but children can not sleep in it during child care hours because they are not flat on their back, unless there is a doctor's order.

☐ 110.5(1)u The provider has written policies about caring for mildly ill children and the exclusion of children due to illness, and informs parents of policies. **Need to develop. Many providers put this information in their contract.**

☐ 110.5(1)v The provider has written policies about responding to health-related emergencies. **You had developed a policy but were not following it. You were allowing sick children to continue to come to the program.**

Items "u and v" address the need to have written policy on children who are mildly ill and how you would respond to health related emergencies. Please develop those policies to share with your families. You can see samples of this in the guidebook on page, 54 for children who are mildly ill and page 53 for health related emergency policies. You should prepare something similar to these to address the rules/policies of your program. Many providers use what the local school uses for ill policies. That makes it easy on both you and the parents because they know those rules usually.

Health Related Emergency Policy ----Sample

In the event of a minor health related emergency (ie: bloody nose, scraped knee, minor cut) I will use my first aid CPR training as needed. I will complete an injury report form and give to the parent at time of pick up along with calling or texting the parent after the child's needs have been dealt with.

In the event of a health related emergency that exceeds my ability, I will call the parent/guardian/ or (emergency contact person if the parent can not be reached) for further directions.

In the event of a life threatening health emergency I will call 911 and call the parent as soon as possible. If the child is required to be transported for medical attention they will go via ambulance unless the parent /guardian/ emergency contact has arrived and can make the determination for transportation. I will stay with the other children in care.

The above policy illustrates why I must maintain accurate information on all phone numbers and addresses for parents, guardians, and emergency contact persons along with medical providers for your child. Please ensure that is accurate at all times.

I maintain a valid CPR and First aid certificate along with a first aid kit to meet the needs for minor injuries.

I will complete an injury report form and send a copy home with the family and retain one for the child's file if first aid is applied due to an injury.

☐ 110.5(1)w Injury report forms are maintained for any injury requiring first aid or medical care. The forms are completed on the date of occurrence, shared with parents and copies are in the child's file. Need to find one to use when and if a child is injured.

☐ 110.5(2) A provider file is maintained and contains:

☐ 110.5(2)a A physician's signed statement of health and immunization status on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every three years. Need now every 3 years and on the new form which I left a copy for your use. You needed one for your daughter Emily.

110.5(2)b Certificates or training verification documentation for:

☐ 110.5(2)b Certification by an approved trainer/organization in infant and child first-aid that includes mouth-to-mouth resuscitation. Certification will be maintained throughout period of registration. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR. Your first aid certificate stated it had expired on 3- 14-15. You need to either find your new certificate or retake the training.

Need the training. For assistance in finding training call CCRR at 866-324-3236 x 1410

☐ 110.5(2)c An individual file is maintained for each staff assistant and contains: Need for Lisa. You stated she started in January as substitute provider but you did not have documentation showing she was approved.

☐ 110.5(2)c A completed DHS Criminal History Record Check, form B, 595-1396 Once an assistant is approved by Des Moines you will get a letter to let you know they are approved – finger print (if age 18 and over), Criminal and child abuse checks have been completed and the individual can be utilized by you as an assistant. That letter stands as your criminal history check. You can not allow someone to assist in your program until you have that documentation back. You need the documentation for Lisa. You stated she started in January as substitute provider but you did not have documentation showing she was approved.

☐ 110.5(2)c A completed Request for Child Abuse Information, form 470-0643 Once a assistant is approved by Des Moines you will get a letter to let you know they are approved – Finger print (if age 18 or older), Criminal and child abuse checks have been completed and the individual can be utilized by you as an assistant provider. That letter stands as your child abuse history check. You can not allow someone to assist in your program until you

have that documentation back. You need the documentation for Lisa. You stated she started in January as substitute provider but you did not have documentation showing she was approved.

☐ 110.5(2)c A physician's signed statement of health and immunization status at the time of employment and at least every two years thereafter. You need the documentation for Lisa, need now every 3 years and on the new form which I left a copy for your use.

☐ 110.5(2)d An individual file is maintained for each substitute and contains: : You need the documentation for Lisa. You stated she started in January as substitute provider but you did not have documentation showing she was approved.

☐ 110.5(2)d A completed DHS Criminal History Record Check, form B, 595-1396. Once a substitute is approved by Des Moines you will get a letter to let you know they are approved – Finger print, Criminal and child abuse checks have been completed and the individual can be utilized by you as a substitute provider. That letter stands as your criminal history check. You can not allow someone to substitute in your program until you have that documentation back. You need the documentation for Lisa. You stated she started in January as substitute provider but you did not have documentation showing she was approved.

☐ 110.5(2)d A completed Request for Child Abuse Information, form 470-0643 Once a substitute is approved by Des Moines you will get a letter to let you know they are approved – Finger print, Criminal and child abuse checks have been completed and the individual can be utilized by you as a substitute provider. That letter stands as your child abuse history check. You can not allow someone to substitute in your program until you have that documentation back. You need the documentation for Lisa. You stated she started in January as substitute provider but you did not have documentation showing she was approved.

☐ 110.5(2)d A physician's signed statement of health of at the time of employment and at least every two years thereafter. : You need the documentation for Lisa. You now need every 3 years and on the new form which I left a copy for your use.

☐ 110.5(4) The certificate of registration is displayed in a conspicuous place. You just renewed on 4-1-15 as a level B provider and had not received your new certificate yet. When you obtain it you will need to post your certificate and in a conspicuous place and remove the level C one that has expired.

110.5(8) Children's Files

110.5(8) An individual file is maintained for each child and updated annually or when there are changes. Each file contains: The children's files must be updated annually with the emergency medical authorization completed yearly. If the parent wants to review, edit and re-sign and date the intake and emergency medical authorization instead of completing a new form that is ok. I suggest you pick a date, such as the first of the year, beginning of school, your birthday or anniversary, Valentine's Day, etc. On that date I suggest you double check for a current physical form and immunizations (if there were any updates) and have the parents redo or re-sign the emergency medical and intake information.

☐ 110.5(8)a Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child and the parent's work address and telephone number. Need annual updates for AB, CB, MW, EE and LS.

☐ 110.5(8)b Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name number, telephone number, and relationship to the child of another adult available in case of emergency. Need annual updates for AB, CB, MW, EE and LS.

☐ 110.5(8)c A signed medical consent from the parent authorizing emergency treatment. Need annual updates for AB, CB, MW, EE and LS.

☐ 110.5(8)d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance. . Need annual updates for AB, CB, MW, EE and LS.

☐ 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually. Need for: EE, LS, SE.

☐ 110.5(8)f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child. Need annual updates for AB, CB, MW, EE and LS.

☐ 110.5(8)g A signed and dated immunization certificate provided by the state department of public health. Need for: MH.

☐ 110.5(8)i Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure, destination, and person(s) responsible for the child. You need written permission every time you leave the premises. The underlined items must be addressed each time. I suggest you use a general permission request and include trips as noted on the monthly calendar. Any special activities can be added to the calendar for that month. Then have each parent sign off on your monthly calendar with your routine trips, before the activities are completed.

You informed me that one child's grandparent had been transporting their grandchild and a friend who was also in your program to and from the program. You need parental permission for that to happen and they would be considered a substitute provider for the friend. You need to discontinue that practice for the friend or get that grandparent approved as a substitute provider.

☐ 110.5(9) The provider meets the following requirements:

☐ 110.5(9)a Gives careful supervision at all times.

*During the course of my visit there was a toddler under 18 months standing in a high chair for about 2 minutes. One provider was upstairs when this was going on; the other provider had their back to the child. The provider's 12-year-old daughter noticed him and had him sit down.

*At one point a child was told to "get downstairs" because he was on the steps and neither provider realized he was there for a while.

*The assistant provider spent two periods of time (about 30 minutes and an additional 20 minutes) upstairs nursing and then changing her child. This left one provider for an extended period of time downstairs alone with all of the other children. You should set up a spot so the care can be done in the lower level so the assistant is not removed from the environment.

☐ 110.5(10) Substitutes

☐ 110.5(10)b Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute. **You stated your substitute provider consistently travels with the children but that was not documented nor is it documented when she is alone with the children. Any time for your assistant is used as a substitute provider (she is alone with the children and you are not present) you need to document her as the substitute provider.**

☐ 110.5(10)d Use of a substitute is limited to: No more than 25 hours per month with an additional period of up to two weeks in a 12-month period. **Need to document to show you do not use more than 25 hours a month.**

☐ 110.5(10)e The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute. **Need to document.**

☐ 110.9(1) SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "B"

☐ 110.9(1)c Not more than four additional school-age children. **On day of visit you had 12 additional school aged children in care.**

☐ 110.9(1)d Not more than two children who are receiving care on a part-time basis at any one time. **You had 12 school aged children during our visit in addition to the 5 preschool children. You were not tracking part time hours and had more than 2 extra children in your care that were part time.**

☐ 110.9(3) Facility requirements

☐ 110.9(3)a There is a minimum of 35 square feet of child use floor space indoors for each child in care. **You have 278.667 square foot of space for 7 children. You are limited to 7 children due to space.**

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration.


On 4-3-15 you signed a safety plan indicating you were over the allowed number of children and you agreed to stay within you allowed number of children in care. On 4-29-15 a follow up unannounced home visit was conducted to determine the number of children in your care and measure the square footage. At that time you had 17 children again in your care. At that time I informed you I would be revoking your registration based on repeated concerns over the disregard for the health and safety of children due to the large number of children in your program.

Please do not hesitate to contact me at DHS at 319-892-6826 if you have any questions regarding this letter.

Sincerely,



Lisa Wesbrook
Social Worker II



Irene Holzwarth
Social Work Supervisor